

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042224

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9993

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

PLACE OF DEATH 17 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Stone Nursing HomeInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
10 North KingshighwayReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Dr. Paul John Zentay

4. DATE OF DEATH

Month

Day

Year

October 8, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 30, 1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pediatrician

10b. KIND OF BUSINESS OR INDUSTRY

Physician

11. BIRTHPLACE (City and state or country)

Hungary

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Zentay

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Elizabeth Grayson Zentay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elizabeth G. Zentay 4961 Laclede St. Louis Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

474 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

generalized arteriosclerosis

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1, 1943 to Oct 8, 1963 and last saw her alive on Oct 4, 1963
Death occurred at 11 55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert M. Smith M.D.

22b. ADDRESS

154 N. Taylor

22c. DATE SIGNED

Oct 8, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

Oct. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory

23d. LOCATION (City, town, or county)

St/ Louis County Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.

OCT 8 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Smith
114 North Taylor
Jf. 38600

until 1:30 P.M. Tues.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Not Embalmed

Licensed Embalmer No. none

P. O. Address St. Louis Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.